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UNITED STATES CIVIL SERVICE COMMISSION

BULLETIN

Washington, D. C. 20415

BULLETIN NO. 831-5

RO:MES:cg
June 18, 1964

SUBJECT: Civil Service Retirement: Revised Application for Refund of Retirement Deductions

Heads of Departments and Independent Establishments:

Standard Form 2802, Application for Refund of Retirement Deductions, has been revised and will be available through the Federal Supply Service June 15, 1964. A copy of this revised application has been reproduced and is attached.

Orders should be promptly submitted to the Federal Supply Service Depot nearest you or which normally serves your requirements. This revised edition makes all earlier editions obsolete and all stock of previous editions on hand should be destroyed.

The following information is needed for ordering this revised form:

Form No.	Federal Stock No.	Cost
SF 2802	7540-634-4251	27¢ per hundred

The Application for Refund of Retirement Deductions has been revised by the addition of items 11 and 12, which are for the purpose of eliciting information from an applicant regarding any current or prospective employment. As stated in FPM Supplement 831-1 (page 59), to be eligible for a refund the applicant must not be currently employed subject to civil service retirement deductions or will not be so employed within 31 days from the date of separation on which his claim for refund is based.

The Notice has been changed to reflect the above eligibility requirement as well as the additional requirement that the applicant's separation or transfer to a position in which he is not subject to civil service retirement deductions must occur and application for refund must be received in the Commission at least 31 days before the commencing date of any annuity for which he may be eligible. The form also notifies the applicant that he may be forfeiting valuable annuity rights by applying for a refund if he has more than 5 years of service.

In assisting separating employees when they complete the application for refund, emphasis should be placed on the importance of furnishing full

INQUIRIES: Bureau of Retirement and Insurance (Code 183, Extension 7383)

CODE: 831 - Retirement

DISTRIBUTION: FPM

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information about all prior periods of his Federal or D. C. Government service as well as the present or most recent period of service. It is also extremely important that the applicant's name and mailing address be clearly written on the form. The employee also should be counselled to notify his Postmaster if his address changes while his application is pending with the Commission. The Post Office Department can then forward the refund check to his new address.

Warren B. Irons
Executive Director

Attachment

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Standard Form No. 2802
June 1963
FPM Supplement 831-1

APPLICATION FOR REFUND OF RETIREMENT DEDUCTIONS

CIVIL SERVICE RETIREMENT SYSTEM

To avoid delay in payment: (1) Complete application in full; (2) Typewrite or print in ink.

6 GAO 5000
2802-104

1. NAME (*Last*) (*First*) (*Middle*)
MR.
MRS.
MISS

2. LIST ALL OTHER NAMES YOU HAVE USED

3. DATE OF BIRTH (*Month, day, year*)

4. PERIOD OF LAST SERVICE
BEGINNING DATE | ENDING DATE

5. TITLE OF LAST POSITION

6. DEPARTMENT OR AGENCY OF LAST EMPLOYMENT

7. BUREAU, BRANCH, OR DIVISION OF LAST EMPLOYMENT

8. LOCATION OF LAST EMPLOYMENT (*City and State*)

9. PREVIOUS APPLICATIONS FILED (*Indicate by "X"*)
☐ RETIREMENT ANNUITY ☐ DEPOSIT OR REDEPOSIT
☐ REFUND ☐ VOLUNTARY CONTRIBUTIONS

10. LIST BELOW ALL OF YOUR OTHER CIVILIAN SERVICE FOR THE UNITED STATES GOVERNMENT OR DISTRICT OF COLUMBIA:

DEPARTMENT OR AGENCY (*Including bureau, branch, or division where employed*)	LOCATION OF EMPLOYMENT (*City and State*)	PERIODS OF SERVICE		INDICATE WHETHER RETIREMENT DEDUCTIONS WERE WITHHELD FROM YOUR SALARY. (*Check one*)	
		BEGINNING DATE	ENDING DATE	WITHHELD	NOT WITHHELD

11. (A) HAVE YOU ACCEPTED ANY FURTHER EMPLOYMENT WITH THE FEDERAL OR DISTRICT OF COLUMBIA GOVERNMENT (OR ARRANGED FOR SUCH EMPLOYMENT TO BECOME EFFECTIVE WITHIN 31 DAYS FROM THE ENDING DATE SHOWN IN ITEM 4)? ☐ YES ☐ NO

11. (B) IF YOU ANSWER "YES" TO ITEM 11(A), ARE CIVIL SERVICE RETIREMENT DEDUCTIONS BEING WITHHELD (OR WILL THEY BE WITHHELD) FROM YOUR SALARY DURING SUCH EMPLOYMENT? ☐ YES ☐ NO

IF YOU ANSWER "YES" TO ITEM 11(A), COMPLETE ITEMS 12(A), 12(B) AND 12(C):

12.(A) DATE OF NEW APPOINTMENT (*Month*) (*Day*) (*Year*)

12.(B) DEPARTMENT OR AGENCY, INCLUDING BUREAU, BRANCH, OR DIVISION, IN WHICH YOU ARE (OR WILL BE) EMPLOYED

12.(C) LOCATION OF NEW EMPLOYMENT (*City and State*)

NOTICE TO APPLICANT

1. If you have more than 5 years of service you may be entitled to annuity rights which will be forfeited by payment of this refund unless you are later reemployed subject to the Civil Service Retirement Act.
2. If you were separated on or after October 1, 1956, from a position subject to the Civil Service Retirement Act, refund of retirement deductions is prohibited unless your separation occurred and your application is received in the Civil Service Commission at least 31 days before the earliest commencing date of any annuity for which you are eligible.
3. Refund of retirement deductions is also prohibited if you are currently employed in a position subject to Civil Service retirement deductions or will be so employed within 31 days from the date of the separation on which your claim for refund is based.

WHERE TO FILE YOUR APPLICATION

1. If you have been separated 30 days or less, this application should be forwarded to the office in which you were last employed.
2. If you have been separated more than 30 days, forward this application to the Bureau of Retirement and Insurance, U.S. Civil Service Commission, Washington, D.C., 20415.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements in this application are true to the best of my knowledge and belief. I have read and understand the statements in the above Notice to Applicant.

NOTE: SIGN YOUR OWN GIVEN NAME, MIDDLE INITIAL, AND LAST NAME.

_____
(SIGNATURE OF APPLICANT)

_____
(NUMBER AND STREET)

_____ _____
(DATE) (CITY, STATE, AND ZIP CODE)

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THIS SPACE FOR USE BY THE CIVIL SERVICE COMMISSION

FISCAL OR CALENDAR YEAR ENDING	INTEREST PERIOD			DEDUCTIONS		INTEREST RATE	REMARKS
	YEARS	MONTHS	DAYS				
				DEDUCTIONS		INTEREST	AMOUNT

EXAMINER	DATE	REVIEWER	DATE	INTEREST COMPUTED BY	DATE

U. S. GOVERNMENT PRINTING OFFICE : 1964 O - 704-262(88)

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